

Board Members

Ramona Mellott, Ph.D.
Chairman
Cheryl L. Karp, Ph.D.
Vice-Chairman
Frederick S. Wechsler, Psy.D. ABPP
Secretary
Bob Bohanske, Ph.D.
Janice K. Brundage, Ph.D.
John P. DiBacco, Ph.D.
Joseph C. Donaldson
Megan Hunter-Williams
Daniel Larson



State of Arizona
Board of Psychologist Examiners

1400 West Washington, Suite 235
Phoenix, Arizona 85007
Phone: (602) 542-8162 Fax: (602) 542-8279
www.psychboard.az.gov

Staff

Dr. Cindy Olvey
Executive Director

Meghan Hinckley
Deputy Director

Heather Duracinski
Administrative Assistant

MEMORANDUM

DATE: August 10, 2010
TO: Members of the Public
FROM: Board of Psychologist Examiners
RE: Public Comment of Behavior Analyst DRAFT Application

The Arizona Board of Psychologist Examiners is seeking written comment on the proposed application for licensure of behavior analysts as well as proposed fees. Written comments must be received in the Board office by close of business on August 24, 2010. Please submit written comments to:

Arizona Board of Psychologist Examiners
1400 W. Washington, Suite 235
Phoenix, AZ 85007

Comments may also be faxed to 602-542-8279 or emailed to heather.duracinski@psychboard.az.gov

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE—BEHAVIOR ANALYST

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

An application form for licensure as a behavior analyst is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$_____ made payable to the Board of Psychologist Examiners
- * Application for Licensure with any required supporting documentation
- * Supervised Training Experience Verification form sent directly to the Board by the training program administrator or supervisor.
- * Mandatory Confidential Information form (non-public information)
- * Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college
- * Verification of credential (e.g., license, certification or registration) in other jurisdictions or certification by a national certification board, if applicable, sent directly to the Board by the appropriate jurisdiction
- * Completion of the Arizona Statement of Citizenship and Alien Status accompanied by copy of your passport or birth certificate.

It is the applicant's responsibility to contact information sources to verify that materials have been sent. Board staff do not fax application documents to information sources. It is the applicant's responsibility to make ensure that all information sources are aware of any deadlines that the applicant is attempting to meet. Applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides the applicant one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8161 to check the status of the application file.

STATUTES AND RULES

A free copy of the Board's Statutes and Rules (rules governing psychologists) are available on the Board's website www.psychboard.az.gov. To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2091.13, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Rules regulating psychologists (Arizona Administrative Code R4-26-101 through R4-26-308,) are also available for \$5.00. Please write "Statutes and Rules" in the memo section of the check.

CONTACTING THE BOARD

Meghan B. Hinckley, Deputy Director
(602) 542-8161
Fax (602) 542-8279
Email: Meghan.hinckley@psychboard.az.gov
Website: www.psychboard.az.gov

Mailing Address:
Arizona Board of Psychologist Examiners
1400 W. Washington, Suite 235
Phoenix, AZ 85007

NOTICE FOR AMERICANS WITH DISABILITIES

Title II of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. Documents may be made available in alternative format by contacting the Board.

Arizona Board of Psychologist Examiners

PROPOSED FEE SCHEDULE¹

Application	\$350*
Reapplication	\$200*

*These fees are non-refundable and must accompany the application.

Initial Licensing Fee (<i>\$16.67/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure</i>)	\$400 Prorated
Biennial Active Renewal Fee	\$400
Biennial Inactive Renewal Fee	\$ 50
Reinstatement Fee	\$200

Statutes and Rules	\$ 5
Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal check or money order submitted to and made payable to the **Arizona Board of Psychologist Examiners**

¹Fees must cover the costs of operation as well as the costs necessary to license and regulate behavior analysts. Examples of regulatory costs include processing all applications, licenses, requests for investigation as well as the costs associated with formal hearings; operational costs include staff time, facility costs, equipment, etc. At the August 6, 2010 meeting, the Board suggested setting fees the same as psychologists since the processes required in statute are the same for behavior analysts.

GENERAL INFORMATION*

(Please print or type)

1. Full Name: _____
Business Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Work Phone: (____) _____ - _____ Ext.: _____ Work Fax: (____) _____ - _____
Work Email: _____ Gender: Male/Female (Please Circle)
- Please Circle Answers**
2. If you become licensed in Arizona, please specify which address and telephone number you want listed in the agency directory. Home / Business
3. At which address would you like to receive correspondence? Home / Business
4. Place of birth: _____
5. Are you or have you been licensed or certified as a behavior analyst in any regulatory jurisdiction in the US or any other country? If yes, list jurisdiction(s) and license number(s): _____ Yes No
6. Are you certified as a behavior analyst by the national behavior analyst certification board approved by the Board? If yes, please sent Request for Verification of Certification to the national board and provide original certification date: _____ Yes No
7. If you are not certified by the national board, have you ever taken a national examination for behavior analysis? If yes, please provide date of examination _____ and complete/mail the Results of Examination release form to the national behavior analyst certification board approved by the Board. Yes No

IF ANSWERING "YES" TO ANY QUESTIONS BELOW, PLEASE ATTACH EXPLANATION

8. Has any regulatory jurisdiction in the U.S. or another country ever refused, revoked, suspended or restricted a professional license, certification, or registration? Yes No
9. Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. or another country while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings? Yes No

*This information is considered public record.

10. Have you ever had a complaint, allegation or investigation in another regulatory jurisdiction in the US or another country that relates to unprofessional conduct against your professional license, certification or registration? Yes No
11. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged, pardoned, or deleted? (If yes, please include the status of the resolution, and expected resolution date). Yes No
12. Have you ever been sued or prosecuted for an act or omission relating to your practice as a behavior analyst, or your work in another profession? Yes No
13. Have you ever been involuntarily terminated or have you resigned in lieu of termination from any behavioral health position or related employment? Yes No
14. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to safely and competently practice? Yes No
15. Do you have any medical, physical, or psychological condition that may in any way impair or limit your ability to practice behavior analysis safely and effectively? Yes No

16. UNDERGRADUATE AND GRADUATE EDUCATION:

University, College, or Institution of Higher Learning	City and State	Dates Attended	Degree & Date	Name of Department	Major Subject Area

17. Official Graduate Degree Program Title: _____

18. Major Advisor: _____ Department: _____

19. Title of Thesis/Dissertation, if applicable: _____

20. Official title of specialty area, if applicable: _____

21. Pursuant to A.R.S. § 32-2091.03(A)(1), was your graduate program
accredited by a recognized accrediting agency at the time of your graduation? Yes No
Please list accrediting agency: _____

22. Pursuant to A.R.S. § 32-2091.03(A)(3), did you complete at least 225
classroom hours of specific graduate level instruction that meets
nationally recognized standards for behavior analysts? Yes No

23. Did you complete your degree, coursework and work experience requirements
AFTER January 1, 2000? Yes No

If yes, did you complete 1,500 hours of supervised work experience or
independent fieldwork in the practice of applied behavior analysis in no
less than 12 months? Yes No

24. Did you complete your degree, coursework or experience requirements
BEFORE January 1, 2000? Yes No

If yes: Was your supervised work experience or core specified coursework
accrued in a setting outside of a college or university program? Yes No

Was your coursework or supervised work experience acquired after
the graduate degree program and before January 1, 2000? Yes No

Are you certified by a nationally recognized behavior analyst
certification board? Yes No

25. List your training experiences relating to behavior analysis, including
the names of individuals from whom you are requesting verification forms:

26. Supervised work experience in behavior analysis (please submit applicable
verification forms):

a. Have you completed a minimum of 1500 hours supervised work
experience in behavior analysis? Yes No

b. Did the experience include conducting behavioral assessments and
assessment activities related to the need for behavioral interventions?
[A.R.S. § 32-2091.03(B)(1)] Yes No

c. Did the experience include designing, implementing, and monitoring
behavior analysis programs for clients? Yes No

d. Did the experience include overseeing the implementation of
behavior analysis programs by others? Yes No

- e. Did the experience include other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analysis program, researching the literature related to the program, talking to individuals about the program and any additional activities related to oversight of behavioral programming such a behavior analyst supervision issues or evaluation of behavior analysts performance? Yes No

27. If licensed, I would like the name on my wall certificate to read (include name and degree only):

PROFESSIONAL EXPERIENCE IN BEHAVIOR ANALYSIS:

List most recent first and for each of the positions give the following information: your exact title, a brief statement of the type of employment; and the amount and kind of professional supervision

Start & End Dates	Hours/Week	Employer	Employer Address

- a. Title: _____
- b. Type of Employment: _____
- c. Nature of Supervision: _____
- d. Name and Address of Professional Supervisor: _____
- _____

Start & End Dates	Hours/Week	Employer	Employer's Address

- a. Title: _____
- b. Type of Employment: _____
- c. Nature of Supervision: _____
- d. Name and Address of Professional Supervisor: _____
- _____

Start & End Dates	Hours/Week	Employer	Employer's Address

- a. Title: _____
- b. Type of Employment: _____
- c. Nature of Supervision: _____
- d. Name and Address of Professional Supervisor: _____

Start & End Dates	Hours/Week	Employer	Employer's Address

- a. Title: _____
- b. Type of Employment: _____
- c. Nature of Supervision: _____
- d. Name and Address of Professional Supervisor: _____

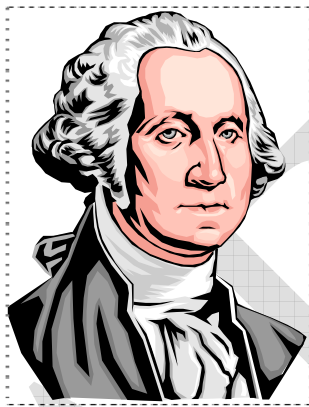
Start & End Dates	Hours/Week	Employer	Employer's Address

- a. Title: _____
- b. Type of Employment: _____
- c. Nature of Supervision: _____
- d. Name and Address of Professional Supervisor: _____

**Note: You may photocopy this page or add additional pages as needed.*

This application shall be accompanied by:

1. One original, un-retouched passport quality photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
2. A check or money order in the amount of \$_____, made payable to the Arizona Board of Psychologist Examiners.



AFFIDAVIT

Pursuant to A.R.S. Sections 32-2091.09 and 32-2091.12, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statute Section 32-2091, et seq., and the rules pertaining thereto.

Signature of Applicant

SUBSCRIBED AND SWORN TO me this ____ day of _____, 20 ____

STATE OF _____)

COUNTY OF _____)

Affix

Notary Seal

Signature of Notary

My Commission Expires: _____



State of Arizona
Board of Psychologist Examiners

1400 West Washington, Suite 235
Phoenix, Arizona 85007

Phone: (602) 542-8162 Fax: (602) 542-8279
www.psychboard.az.gov

Request for Verification of Certification

APPLICANT: Please complete applicant portion of this form and forward it to:

Behavior Analyst Certification Board, Inc.
2888 Remington Green Lane, Suite C
Tallahassee, FL 32308

APPLICANT INFORMATION:

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP CODE

DATE OF BIRTH

MONTH/YEAR OF EXAMINATION

MONTH/YEAR OF
CERTIFICATION

APPLICANT SIGNATURE

DATE

BEHAVIOR ANALYST CERTIFICATION BOARD:

Please submit evidence that the individual named above has successfully completed certification requirements as a Behavior Analyst and is currently in good standing. Please include date of certification and send evidence to:

Arizona Board of Psychologist Examiners
1400 W. Washington, Suite 235
Phoenix, AZ 85007



State of Arizona
Board of Psychologist Examiners

1400 West Washington, Suite 235
Phoenix, Arizona 85007

Phone: (602) 542-8162 Fax: (602) 542-8279
www.psychboard.az.gov

Examination Results Verification

To Applicants who are not certified by the Behavior Analyst Certification Board, but have taken the national examination: Please complete applicant portion of this form and forward it to:

Behavior Analyst Certification Board, Inc.
2888 Remington Green Lane, Suite C
Tallahassee, FL 32308

APPLICANT INFORMATION:

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP CODE

DATE OF BIRTH

MONTH/YEAR OF EXAMINATION

APPLICANT SIGNATURE

DATE

BEHAVIOR ANALYST CERTIFICATION BOARD:

For individuals who are not certified by the Behavior Analyst Certification Board, but have taken the national examination, please provide the results of the examination. Please include date of examination and whether the applicant passed or failed. Please send information to:

Arizona Board of Psychologist Examiners
1400 W. Washington, Suite 235
Phoenix, AZ 85007

Arizona Board of Psychologist Examiners

Mandatory Confidential Information

(for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle Maiden)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Mailing Address (If different from above)

____ **Check here to indicate if residential address is the same as your business address**

(____)_____
Home Phone Number

Date of Birth**

(____)_____
Home Fax Number

Social Security Number*** (Required)

E-mail Address

Please provide an e-mail address if you wish to receive updates from the Board, including The Examiner newsletter.

*** THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.**

****THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.**

*****A.R.S. §§ 25-320(P) and 25-502(K) MANDATE THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.**

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License

Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) ___ INITIAL APPLICATION ___ RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ___ Yes ___ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____

"Qualified Alien" Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.

- ☐ 3. A refugee admitted to the United States under Section 207 of the INA
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

11/08/07

81662

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term “Service” refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;

- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant

to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (*).

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";

- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA